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### BEFORE THE BOARD OF MEDICAL EXAMINERS

#### IN THE STATE OF ARIZONA

In the Matter of

THOMAS BODNAR, M.D.

Holder of License No. 7036 For the Practice of Medicine

In the State of Arizona.

FINDINGS OF FACT. CONCLUSIONS OF LAW AND ORDER

Board Case No. MD-01-0102

(Letter of Reprimand and Probation)

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This matter was considered by the Arizona Board of Medical Examiners ("Board") at its public meeting on December 6, 2001. Thomas Bodnar, M.D., ("Respondent") appeared before the Board without legal counsel for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(I). After due consideration of the facts and law applicable to this matter, the Board voted to issue the following findings of fact, conclusions of law and order.

# FINDINGS OF FACT

- The Board is the duly constituted authority for the regulation and control of 1. the practice of allopathic medicine in the State of Arizona.
- Respondent is the holder of License No. 7036 for the practice of medicine 2. in the State of Arizona.
- The Board initiated case number MD-01-0102 after being informed of a 3. malpractice settlement involving Respondent's care of a 15 year-old male patient ("Patient").
- On October 19, 1996, Patient presented to the emergency room at 4. Thunderbird Samaritan, Medical Center with injuries to his left arm that were sustained while using a trampoline.

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- The on-duty emergency room physician noted a fracture to the ulna and 5. radius, as well as decreased sensation in the tip of the fifth digit. The physician requested an orthopedic consult with Respondent, the on-call orthopedic surgeon.
- Respondent noted a fracture to both bones proximal one-third of the left 6. forearm and performed a closed reduction with a sugar-tong splint. On October 25, 1996, Patient returned to Respondent for removal of the splint and application of a longarm cast. A lateral view x-ray taken after the cast was applied showed a slight angulation of the ulna and bayonet apposition of the radius.
- On November 22, 1996, Respondent noted from x-rays that the radius had 7. shortened somewhat and was overlapped in bayonet apposition with some mild anteroposterior angulation. Respondent last saw Patient on December 20, 1996. At this visit, Respondent noted that the radius had slipped off the original reduction and was healing in bayonet apposition. There was angular deformity of the ulna and considerable prominence due to extra callus formation. Respondent believed that Patient would be able to remodel at least 50 percent due to his age.
- Patient sought a second opinion from another orthopedic surgeon 8. ("Surgeon") on January 8, 1997. Surgeon found that there was some ulnar nerve involvement. On February 3, 1997, Surgeon performed an anterior transposition of the ulnar nerve. Patient did well post-operatively, but he had residual numbness and incomplete resolution of weakness in the left arm.
- At the formal interview before the Board, Respondent testified that he was 9. currently only practicing industrial medicine, including evaluation of back strains and Respondent testified that he does not do anything surgically or industrial injuries. Respondent also indicated that he orthopedically, other than advising patients. occasionally does reductions of finger fractures.

10. Respondent testified that he was aware Patient's fracture had slipped and gone into bayonet apposition, but since Patient was 4 to 6 weeks "down the road" and had some callus there already, Respondent was reluctant to break down the callus. Respondent assumed Patient would have a reasonable chance for some remodeling. Respondent noted that although Patient was 15 years old, he looked more skeletally immature.

- 11. In response to a query from the Board, Respondent noted that he saw the fracture had slipped prior to the passage of 4 weeks and before he saw any callus. Respondent also noted that he was reluctant to do super aggressive treatment of a fracture if a reasonable outcome could be obtained through a closed reduction.
- 12. Respondent testified that Patient's ulnar nerve symptoms seemed to be stable and Patient was starting to get some sensation back in his little finger. Respondent noted that when Surgeon saw Patient, the improvement had reversed course. Respondent admitted that he did not document the neurological changes.
- 13. Respondent also admitted that in retrospect he probably would have performed an open reduction.
- 14. Respondent stated that although he is not currently performing reductions of long-bone fractures or practicing operative orthopedics he may decide to do so at any time.

#### CONCLUSIONS OF LAW

- 1. The Board of Medical Examiners of the State of Arizona possesses jurisdiction over the subject matter hereof and over Respondent.
- 2. The Board has received substantial evidence supporting the Findings of Fact described above and said findings constitute unprofessional conduct or other grounds for the Board to take disciplinary action.

3. The conduct and circumstances above in paragraphs 7 and 10 through 12 constitute unprofessional conduct pursuant to A.R.S. § § 32-1401(25)(q) "[a]ny conduct or practice which is or might be harmful or dangerous to the health of the patient or the public;" and 32-1401(25)(II) "[c]onduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm to or the death of a patient."

### **ORDER**

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED that:

- Respondent is issued a Letter of Reprimand for the improper treatment of a forearm fracture.
- 2. Respondent is placed on Probation for five years with the following terms and conditions:
- (a) Respondent shall not practice any reduction of long-bone fractures or operative orthopedics until he meets with the Board and receives affirmative approval to do so. Respondent is not precluded from assisting in orthopedic surgery.

## **RIGHT TO PETITION FOR REVIEW**

Respondent is hereby notified that he has the right to petition for a rehearing. Pursuant to A.R.S. § 41-1092.09, as amended, the petition for rehearing must be filed with the Board's Executive Director within thirty (30) days after service of this Order and pursuant to A.A.C. R4-16-102, it must set forth legally sufficient reasons for granting a rehearing. Service of this order is effective five (5) days after date of mailing. If a motion for rehearing is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing is required to preserve any rights of appeal to the Superior Court.

1	DATED this _ 9 day of, 2002.
2	BOARD OF MEDICAL EXAMINERS
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6	1913 Executive Director
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9	ORIGINAL of the foregoing filed this
10	day of anuary, 2002 with:
11	The Arizona Board of Medical Examiners 9545 East Doubletree Ranch Road
12	Scottsdale, Arizona 85258
13	Executed copy of the foregoing
14	mailed by U.S. Certified Mail this day of, 2002, to:
15	Thomas Bodnar, M.D.
16	2539 North 35th Avenue
17	Phoenix, Arizona 85009-1348
18	Copy of the foregoing hand-delivered this day of language, 2002, to:
19	Christine Cassetta
20	Assistant Attorney General Sandra Waitt, Management Analyst
21	Lynda Mottram, Compliance Officer
22	Lisa Maxie-Mullins, Legal Coordinator (Investigation File) Arizona Board of Medical Examiners
	9545 East Doubletree Ranch Road
23	Scottsdale, Arizona 85258
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